



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET**CONFIRMATION NO. 8758**

Bib Data Sheet

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER 09/895,568 | FILING DATE 06/29/2001 RULE | CLASS 384 | GROUP ART UNIT 3682 | ATTORNEY DOCKET NO. 153501-0375 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

APPLICANTS

Dennis H. Weissert, Simi Valley, CA;

**** CONTINUING DATA *******
 This application is a REI of 09/002,690 01/05/1998 PAT 5,915,841

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 07/25/2001**

| | | | | |
|---|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | CA | 3 | 55 | 8 |
| Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials | | | | |

ADDRESS
 STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C
 1100 New York Ave, N.W.
 Washington , DC
 20005-3934

TITLE
 COMPLIANT FOIL FLUID FILM RADIAL BEARING

| | | |
|-----------------------------------|---|--|
| FILING FEE RECEIVED 944 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
|-----------------------------------|---|--|